

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

930

04336

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 67 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John Bloodsworth

3. (b) Social Security Number

214-12-5947

4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Lena Bloodsworth
diseased 6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 7 1879

8. AGE: Years 67 Months 6 Days — If less than one day — hrs. — min.

9. Birthplace Somerset County Md
 (Town, county, and state)

10. Usual occupation Farmer & laborer

11. Industry or business lives farm

12. Name Dennis Bloodsworth

13. Birthplace Somerset County Md.

14. Maiden name Rachel Jones

15. Birthplace Somerset County Md.

16. Informant Harry T. Bloodsworth

Address 2018 N. Gratz St. Phila Pa.

17. Burial Date thereof 5/16/47
 (Burial, cremation, or removal. Write) (month) (day) (year)

Cemetery or crematory St. Paul Cemetery

Location Mt. Vernon Md.

18. Funeral director Edwin Jones

Address Route #2 - Princess Anne Md.

579 47 R. W. Johnson M.D.
 (Date rec'd by registrar) 19 47 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 74 1947 at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1947 to May 74 1947

and that I last saw him alive on May 64 1947

Immediate cause of death Cerebral Haemorrhage DURATION 5 days

Due to Chronic myocardiitis 6 mths

Other conditions Chronic myocardiitis

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

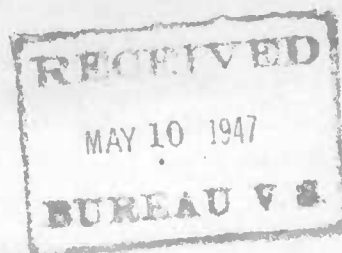
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

SIGNATURE Edwin G. Mann M. D. or other

Address Princess Anne Md. Date signed 5.9.47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
 City or town Marion Station
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert N. Davis

4. Sex

male

5. Color or race

col

b. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Emma H. Davis

7. Birth date of deceased (mo., day, yr.)

1875 June 17

8. AGE:

41 years Months Days If less than one day

9. Birthplace

Kingston Station Md

10. Usual occupation

Laborer

11. Industry or business

Frank Davis

12. Name

Maryland

13. Birthplace

Ariminta Heatley

14. Maiden name

Maryland

15. Birthplace

Leavie T. Fitchett

16. Informant

Address Kingston Md

17. Date thereof

5/16/47

18. Cemetery or crematory

Mt Peer Cemetery

19. Location

Marion St. Md

20. Funeral director

Geo W. Johnson

21. Address

Marion St. Md

22. Date rec'd by registrar

5/15 - 47 Geo J. Milton

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Marion Station
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

no

3. (b) Social Security Number

218-24-4841

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1947 at Marion M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from death where I wasand that I last saw deceased on May 12 1947Immediate cause of death Heart Sudden DURATIONDeath SuddenDue to CoronaryocclusionDue to William H. Coulbourn, M. D.Other conditions DEPUTY MEDICAL EXAMINER(Include pregnancy within death) FOR SOMERSET COUNTY, MD.Major findings of operations none Date of op.Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Cause

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. CoulbournAddress Louisville MD Date signed 5/15/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04337

RECEIVED

MAY 17 1947

BUREAU OF

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04338

HUM No. G 110 MAY 29 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Mt Vernon Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Mt Vernon
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Marshall Jones

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(b) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Susie Jones

7. Birth date of deceased (mo., day, yr.) Aug 9, 1880 6.(c) If alive, give age 70 years

8. AGE: Years 67 Months 7 Days 6 It less than one day _____ hrs. _____ min.

9. Birthplace Mt Vernon, Somerset, Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business Laborer

12. Name Moses Jones
13. Birthplace Mt Vernon Md.

14. Maiden name Floretta Jones
15. Birthplace Mt Vernon Md.

16. Informant Susie Jones

Address Princess Anne R.F.D. #2
Rural

17. (Burial, cremation, or removal, which) Burial Date thereof May 22, 1947
(month) (day) (year)

Cemetery or crematory St Paul cemetery
Location Mt Vernon Md.

18. Funeral director Dale Washell
Address Princess Anne, Md.

19. 5/30 47 R. N. Jones M.D.
(Date rec'd by registrar) (year) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1947, at 6 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and not attend deceased

and that I last saw him alive on 1947

Immediate cause of death coronary thrombosis

Due to hypertension

Due to arteriosclerosis
heart disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature James H. D M. D. or other _____

Address Princess Anne Date signed 5/19/47

MARGIN RESERVED FOR BINDING

(I)

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 22 1947
BUREAU 8

Evidence for the addition of
residence is shown on

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

FILE No. G 110 JUN 10 1947

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

3.(b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

20. DATE OF DEATH

19. 47, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1, 19 46, to May 15, 19 47

and that I last saw him alive on May 10, 19 47

Immediate cause of death

DURATION

8. AGE:

Years

Months

Days

If less than one day

68

hrs. min.

9. Birthplace

(Town, county and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal) (Which)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date registered by registrar)

Registrar

23. SIGNATURE

M. D. or other

Address

Date signed

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JUN 4 1947

BUREAU 73

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

04340

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 yrs.
 Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Pr. Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Sadie Long7. Birth date of deceased (mo., day, yr.) Dec. 23, 18978. AGE: Years 60 Months _____ Days _____ It less than one day _____ hrs. _____ min.9. Birthplace Princess Anne Somerset Md.
(Town, county, and state)10. Usual occupation farmer

11. Industry or business _____

12. Name Santa Long13. Birthplace Pr. Anne, Md.14. Maiden name Mary Ann King15. Birthplace Pr. Anne, Md.16. Informant Mrs. Sadie LongAddress Pr. Anne, Md.17. Burial Date thereof 5-28-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Andrews CemeteryLocation Pr. Anne, Md.18. Funeral director Dale PaschallAddress Pr. Anne, Md.19. May 26, 47 R. V. Johnson, M.D.
(Date signed by registrar) (Signature of Registrar)

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th 1947, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death Coronary ConstrictionArteriosclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Phinith M. D. or other _____Address Princess Anne, Md. Date signed 5/26/47

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MAY 27 1947

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04341

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Paper St.
 How long in hospital or institution? ////

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Paper Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Larrie Eugene Maddox

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife ////
 7. Birth date of deceased (mo., day, yr.) March 3, 1947
 8. AGE: Years No Months 2 Days 22 If less than one day
 hrs. min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation None
 11. Industry or business None
 12. Name Raymond Maddox
 13. Birthplace Crisfield, Md.
 14. Maiden name Hallie B. Cole
 15. Birthplace Crisfield, Md.

16. Informant Hallie Maddox
 Address Crisfield, Md.
 17. (Burial, cremation, or removal. Which?) Burial Date thereof May 26, 1947
 (month) (day) (year)
 Cemetery or crematory St. Peters Cemetery
 Location Rural, Pocomoke, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. 5/31 19 47 Janine E. Spines
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 19 47
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 47 to May 25 19 47
 and that I last saw him alive on May 23 19 47
 Immediate cause of death

meningitis
Pneumonia
 Due to Unknown
 Type of meningitis: Unknown (History also)
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Sarah M. Peyton W. D.
 M. D. or other
 Address Crisfield, Md. Date signed May 26

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JUN 3 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04342

Reg. Dist. No. 261

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>50 years</u> Hospital, institution, or street address where death occurred: <u>Peach Street</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Peach Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... <u>////////</u>			
3. (a) FULL NAME <u>Elnora Matthews</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>Roland Matthews</u>							
7. Birth date of deceased (mo., day, yr.) <u>September 15, 1875</u>							
8. AGE: Years <u>71</u> Months <u>8</u> Days <u>16</u> If less than one day..... hrs. min.		6. (c) If alive, give age Years					
9. Birthplace <u>Shelltown-Somerset-Md.</u> (Town, county, and state)							
10. Usual occupation <u>Housewife</u>							
11. Industry or business							
12. Name <u>Charlie Miller</u>		13. Birthplace <u>Shelltown, Md.</u>					
14. Maiden name <u>Elnora ?</u>		15. Birthplace <u>?</u>					
16. Informant <u>Mrs. Samuel Killman</u> Address <u>Crisfield, Md.</u>							
17. Burial (Burial, cremation, or removal. Which?) Date thereof <u>May 4, 1947</u> (month) (day) (year) Cemetery or crematory <u>Sunny Ridge Cemetery</u> Location <u>Hopewell, Crisfield, Md.</u>							
18. Funeral director <u>H. Harvey Bradshaw</u> Address <u>Crisfield, Md.</u>							
19. <u>May 21</u> <u>47</u> <u>Good J. Wilson</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>May 1</u> 19 <u>47</u> at <u>3:00 A.M.</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Jan 1</u> 19 <u>46</u> , to <u>May 1</u> 19 <u>47</u> and that I last saw <u>her</u> alive on <u>Apr 30</u> 19 <u>47</u> Immediate cause of death <u>Acute Dilatant</u> Other conditions <u>Chlor Myocarditis</u> <u>Chronic Dilatant</u> <u>Chronic Myocarditis</u> (Include pregnancy within 8 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manner of injury..... Injured at work?..... 23. SIGNATURE <u>Samuel Killman Jr</u> M. D. or other <u>Wm. H. H. H.</u> Address..... Date signed <u>May 2, 47</u>							

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MAY 23 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

04343

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH: **Somerset**
County.....**Crisfield**
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
McReady Mem. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....**Maryland** County.....**Somerset**
City or town.....**Crisfield**
(If outside city or town limits, write RURAL and give nearest town)
Street No.....**118 2nd St**
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Martha J. Milbourne

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
6. (b) Name of husband or wife **Sherman T. Milbourne**
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) **November 30, 1897**
8. AGE: Years **49** Months **5** Days **22** If less than one day
..... hrs. min.

9. Birthplace **Crisfield, Md**
(Town, county, and state)
10. Usual occupation **Housewife**
11. Industry or business

FATHER 12. Name **William Webster Elliott**
13. Birthplace **Smith Island**
MOTHER 14. Maiden name **Sally Elliott Webster**
15. Birthplace **Crisfield, Md.**

16. Informant **Doris Rudy (Daughter)**
Address **118 2nd St. Crisfield, Md.**

17. Burial **May 25, 1947**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Cemetery**
Crisfield, Md.
Location

18. Funeral director **Hubbard & Coington**
Address **306 Main St. Crisfield, Md.**

19. **5/31** **47** **Janice E. Spies**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 22** 19 **47** at **1:00 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **March 12** 19 **47** to **May 22** 19 **47**
and that I last saw him alive on **May 22** 19 **47**

Immediate cause of death **Acute myocardial infarction** DURATION **4 hrs**
Due to **Coronary occlusion** **4 hrs**
Due to **Hypertension** **8 yrs**
Other conditions.....

(Include pregnancy within 5 months of death)

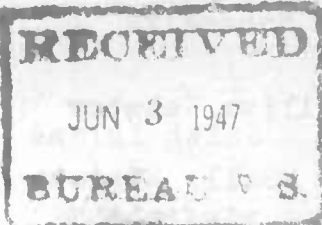
Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE **S. M. Peyton M.D.** M. D. or other
Address **Crisfield, Md** Date signed **May 23**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

57c

04344

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rt 60
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Margie E. Moore

3. (b) Social Security Number

212-10-4423

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Charles J.
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 14, 1882
 8. AGE: 63 Years 6 Months 5 Days If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Same
 FATHER 12. Name Henry C. Bladen
 13. Birthplace MD
 MOTHER 14. Maiden name Murieta C. Cullen
 15. Birthplace MD

16. Informant Mrs. Rachel Cullen
 Address Crisfield, MD
 17. Burial (Burial, cremation, or removal, which?) Date thereof May 11/47
 (month)(day)(year)
 Cemetery or crematory Assembly
 Location Crisfield MD
 18. Funeral director Adams & Sonington
 Address Crisfield MD
 19. May 12 1947 (Date rec'd by registrar) Janice E. Spivey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 47, at _____ M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 19 47 to May 9 19 47
 and that I last saw him alive on March 22 19 47
 Immediate cause of death Acute dilatation of heart DURATION _____
 Due to Abdominal tumor _____
extensive left lower quadrant area - Malignant melanoma
 Due to ascites _____
 Other conditions Tumor left mammary gland - malignant? - tumor?
(include pregnancy within 3 months of death)
was checked to excluded disease
 Major findings of operations _____ (71, 14, 14, 7, 14, 14)
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Manner of injury _____ Injured at work? _____

23. SIGNATURE Clarence H. Rawley M.D.
Crisfield, Md. M. D. or other _____
 Address _____ Date signed 5-12-47

RECEIVED

MAY 15 1907

BURFA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04345

Reg. Dist. No. 260

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Upper Fairmount
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 Rural, Fairmount
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Upper Fairmount
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Hall's Creek Road
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME

Mollie Ester Parks

3. (b) Social Security Number

None

4. Sex..... Female
 5. Color or race..... White
 6. (a) Single, married, widowed, or divorced..... Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... December 30, 1882
 6. (c) If alive, give age..... years

8. AGE: Years..... 64 Months..... 5 Days..... 19
 If less than one day..... hrs. min.

9. Birthplace..... Fairmount-Somerset-Md.
 (Town, county, and state)

10. Usual occupation..... Domestic

11. Industry or business..... Home

12. Name..... Thomas J. Parks

13. Birthplace..... Fairmount, Md.

14. Maiden name..... Emily C. Price

15. Birthplace..... Virginia

16. Informant..... Thomas J. Parks, Jr.

Address..... Fairmount, Md.

17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... May 21, 1947
 (month) (day) (year)

Cemetery or crematory..... Fairmount Cemetery
 Location..... Upper Fairmount, Md.

18. Funeral director..... H. Harvey Bradshaw

Address..... Crisfield, Md.

19. (Date rec'd by registrar)..... 5/20/47
 Registrar..... R. H. Jones, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 19 1947 7:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 to May 19 1947 and that I last saw him alive on May 19 1947

Immediate cause of death..... Myocardial Failure
 DURATION..... 3 days

Due to..... Co. Myocardial Failure

Due to.....

Other conditions..... La grippe
 (Include pregnancy within 3 months of death)

Major findings of operations..... none
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... R. H. Jones, M.D.
 Address..... Crisfield, Md.

Date signed..... 5/20/47

RECEIVED
MAY 22 1947
BUREAU 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

04346

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Princeton Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred: no

How long in hospital or institution? no

3. (a) FULL NAME

John P. Palk

4. Sex

male

5. Color or race

a. a.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Princess Anne Palk

7. Birth date of deceased (mo., day, yr.) Nov 16 1865

6. (c) If alive, give age no years

8. AGE: Years 81 Months - Days - If less than one day hrs. min.

9. Birthplace Allen, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Same as above

12. Name Maris Palk

13. Birthplace Allen, Md.

14. Maiden name Prudence King

15. Birthplace Allen, Md.

16. Informant Mrs. Katie Palk

Address Salisbury Md

17. Burial, cremation, or removal, Which? Burial Date thereof May 18 - 1947
(month) (day) (year)

Cemetery or crematory Friendship

Location Allen, Md.

18. Funeral director James H. Stewart

Address Salisbury Md

19. (Date rec'd by registrar) May 16 47 R. S. Johnson M.D. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Princess Anne Md
(If outside city or town limits, write RURAL and give nearest town)Street No. 316 Hampden Ave
(If rural, give LOCATION) no

2. (a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1947 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1947 to May 15 1947

and that I last saw him alive on May 12 1947

Immediate cause of death

Cholelithiasis 2 yrs

Due to

Due to

Other conditions Chronic Valvular disease of Heart 6 mths
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. G. Newman

M. D. or other

Address Princess Anne Md Date signed 5.16.47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1947

F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

04347

1. PLACE OF DEATH:

County Somerset
 City or town Mount Vernon
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 years
 Hospital, institution, or street address where death occurred:
Princess Anne, Maryland, R.D. #2
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Mount Vernon
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R. D. #2 Princess Anne, Maryland
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

FLORA ANNA RENSHAW

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 21, 1846
 8. AGE: Years 90 Months 10 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Mt. Vernon, Somerset, Maryland
(Town, county, and State)10. Usual occupation At Home

11. Industry or business

12. Name George T. Renshaw13. Birthplace Somerset Co., Maryland14. Maiden name Anna Statia Barbon15. Birthplace Somerset Co., Maryland16. Informant William B. RenshawAddress Princess Anne, R.D. #217. Burial Date thereof 5/16/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Grace Episcopal CemeteryLocation Mt. Vernon, Maryland18. Funeral director The Hill & Johnson Co.Address Salisbury, Maryland19. May 14 1947 R. H. Johnson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 19 47 at 5:30A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw h. _____ alive on _____ 19 _____

Immediate cause of death Chronic Nephritis

Due to _____

Due to _____

Other conditions Bronch. Hyp.

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accidental fall Date of Apr. 12 1947Where did injury occur? at her home (City or town) (County) (State)Injured at home, farm, industry, public place (where?) 16/26/47 aka

Means of injury _____ Injured at work?

19. SIGNATURE Smith M. D. or otherAddress Princess Anne, Md. Date signed 7/14/47

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MAY 16 1947

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04348

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Manokin, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset
City or town Manokin, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

George Henry Slade

3.(b) Social Security Number

4. Sex M. 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Married6.(b) Name of Minnie Slade wife

7. Birth date of

deceased (mo., day, yr.)

August 22, 18906.(c) If alive, give age 57 years

8. AGE:

Years

Months

Days

If less than one day

56727

hrs.

min.

9. Birthplace

Yanceyville, N.C.
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name

Sam Slade

13. Birthplace

Yanceyville, N.C.

14. Maiden name

Daisy Blackwell

15. Birthplace

Yanceyville, N.C.

16. Informant

Adrian Slade

Address

275 St. 144th St. Apt. 2 N.Y.

17.

(Burial, cremation, or removal. Which?)

Date thereof

May 21, 1947
(month) (day) (year)

Cemetery or crematory

Samuel Shady M.E. Church

Location

Manokin, Md.

18. Funeral director

Charles H. Hard

Address

Marion St., Md.

19.

(Date rec'd by registrar)

1947R. N. Johnson, M.D.
gth. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 181947at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11947

to

May 12 1947

and that I last saw him alive on

May 121947

Immediate cause of death

myocardial
infarction

DURATION

2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Waters M.D.

M. D. or other

Address

Princeton Ave

Date signed

5/20/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Barney

ARTERIAL SURGEON

WAG GENT

RECEIVED
MAY 22 1947
BUREAU V S

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

04349

93d

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Pine St.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

Milton F. Stevenson

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Lucy V.
6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) December 15, 1882

8. AGE: Years 64 Months 5 Days 1 If less than one day
..... hrs. min.

9. Birthplace Crisfield, Md.
(Town, county, and state)

10. Usual occupation Engr. Water Works
Crisfield Water Dept.

11. Industry or business Lycurtis Stevenson

FATHER 12. Name Md.

13. Birthplace Md.

MOTHER 14. Maiden name Mary Mills

15. Birthplace Md.

16. Informant Lucy V. Stevenson

Address Crisfield, Md.

17. Burial Date thereof May 20, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge

Location Crisfield, Md.

18. Funeral director Hubbard & Covington

Address Crisfield, Md.

19. June 2 19 47 James E. Spina
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

May 16, 1947

20. DATE OF DEATH..... 19..... at.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Died suddenly. He
was dead when I
arrived
Immediate cause of death.....

Other condition..... DURATION

Coronary occlusion

Chronic Myocarditis

Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Cause

Where did injury occur? William H. Coulbourn, M. D.

(City or town) (County)

Injured at home, farm, industry, public place, or other DEPUTY MEDICAL EXAMINER

Means of injury FOR SOMERSET COUNTY, MD.

2. SIGNATURE James E. Spina

Address Crisfield Md Date May 17, 47

RECEIVED

JUN 4 1947

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04350

Reg. Dist. No. 261

1. PLACE OF DEATH:

County **Somerset**City or town **Crisfield**
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? **1 week**

Hospital, institution, or street address where death occurred:

Edw. McCreedy Memorial Hospital
1 week

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Md** County **Somerset**City or town **Marion Station**
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war **none**

3. (a) FULL NAME

Mary Virginia Swift

3. (b) Social Security Number

219-14-4346

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Married
-------------------------	----------------------------------	---

6.(b) Name of husband or wife **Winter S**7. Birth date of deceased (mo., day, yr.) **May 4, 1882**6.(c) If alive, give age **65** years

8. AGE: Years 65	Months	Days 12	If less than one dayhrs.min.
----------------------------	--------	-------------------	--

9. Birthplace **Crisfield, Md.**
(Town, county, and state)10. Usual occupation **Housewife**11. Industry or business **Home**FATHER 12. Name **John Betts**
13. Birthplace **Salisbury, Md.**MOTHER 14. Maiden name **Mary A. Bethard**
15. Birthplace **Salisbury, Md.**16. Informant **Winter S. Swift**
Address **Marion Station, Md.**17. **Burial** Date thereof **5/18/47**
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Sunny Ridge**Location **Crisfield, Md.**
Hubbard & Covington Funeral Home18. Funeral director **Crisfield, Md.**

Address

19. **May 20** 19**47** **Gene J. Nelson**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 16, 1947** 19 **47** at **9 A** M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Oct 15** 19 **46** to **May 16** 19 **47**
and that I last saw **her** alive on **May 16** 19 **47**Immediate cause of death **Acute Dec 17 Heart**
Arteriosclerotic changes
Due to **Arteriosclerotic changes** **2 Yrs**
Arteriosclerotic changes
Due toOther conditions **Gangrene 3 IP foot** **10 days**

(Include pregnancy within 8 months of death)

Major findings of operations **Gangrene 79 leg May 14 47**
Date of opAutopsy results **no**
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)Injured at home, farm, industry, public place (where?) _____
Injured at work? _____23. SIGNATURE **Gene J. Nelson** M. D. or other
Address **Marion Sta Md** Date signed **May 17, 47**

RECEIVED

MAY 23 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04351

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
 County.....
 City or town..... Rural, Marion Station
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 6 years
 Hospital, institution, or street address where death occurred:
 Rural, Marion Station
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Rural, Marion Station, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Rural, near Hudson Corner
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 Mollie Anna Tull

3. (b) Social Security Number
 None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Lewis Tull
 Deceased 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) December 13, 1875

8. AGE: Years 71 Months 5 Days 12 If less than one day hrs. min.

9. Birthplace Marion-Somerset-Md.
 (Town, county, and state)

10. Usual occupation Milliner

11. Industry or business Clothing

FATHER 12. Name John S. Johnson

13. Birthplace Somerset Co., Md.

MOTHER 14. Maiden name Rosa A. Dixon

15. Birthplace Somerset Co., Md.

16. Informant Charlie Johnson

Address Marion Station, Md.

17. Burial Date thereof May 27, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Rural, Marion, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. 5/31 19 47 Janice E. Spies
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 19 47 at 2:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1936 to May 25 1947 and that I last saw her alive on May 22 1947.

Immediate cause of death Chronic arteriosclerosis 11 yrs
 Chronic myocarditis 2 yrs

Due to.....

Due to.....

Other conditions Acute dilatation of heart 5 days
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ..

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of ..

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ..

Means of injury .. Injured at work? ..

23. SIGNATURE B. E. Keallins, MD.
 M. D. or other

Address Crisfield Md Date signed May 26-47

RECEIVED

JUN 3 1947

BUREAU OF

Evidence for the change of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04352

CERTIFICATE OF DEATH

Reg. Dist. No. 269

FILM No. G 110 JUN 26 1947

1. PLACE OF DEATH:

County Somerset

City or town Champer, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George W. Tyler

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Ella B. Tyler

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1875

8. AGE: Years 71 Months 4 Days 7 It less than one day hrs. min.

9. Birthplace Orville, Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name Edward C. Tyler

13. Birthplace Orville, Md.

14. Maiden name Amanda Hall

15. Birthplace Orville, Md.

16. Informant James W. Tyler

Address Baltimore, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof May 10, 1947
(month) (day) (year)

Cemetery or crematory St. A. M.

Location Orville, Maryland

18. Funeral director Wale, Washell

Address Princess Anne, Md.

19. May 10 1947 Registrar W. B. Smith

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Champer, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/6/46 to 5/8/47

and that I last saw him alive on May 7, 1947

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions Ch. Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Smith

Address Princess Anne, Md. Date signed 5/10/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 13 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1060

04353

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Rural, Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>Jacksonville Rd</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Rural, Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Jacksonville Rd.</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... <u>1111</u>			
3. (a) FULL NAME <u>David Lee Veeney</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Male</u>		5. Color or race <u>Colored</u>		6. (a) Single, married, widowed, or divorced <u>Single</u>			
6. (b) Name of husband or wife <u>1111</u>							
7. Birth date of deceased (mo., day, yr.) <u>April 5, 1947</u>							
8. AGE: Years <u>No</u>		Months <u>1</u>		Days <u>25</u>		If less than one day hrs. min.	
9. Birthplace <u>Crisfield-Somerset-Md</u> (Town, county, and state)							
10. Usual occupation <u>None</u>							
11. Industry or business <u>None</u>							
FATHER		12. Name <u>Robert Miles</u>					
13. Birthplace <u>Somerset Co., Md.</u>		14. Maiden name <u>Eliza Veeney</u>					
MOTHER		15. Birthplace <u>Richmond Co., Va.</u>					
16. Informant <u>Sadie Rich</u> Address..... <u>Crisfield, Md.</u>		17. (Burial, cremation, or removal, Which?) Date thereof..... <u>May 31, 1947</u> (month) (day) (year) Cemetery or crematory..... <u>Lawsonia Cemetery</u> Location..... <u>Rural, Crisfield, Md.</u> 18. Funeral director <u>H. Harvey Bradshaw</u> Address..... <u>Crisfield, Md.</u>					
19. (Date rec'd by registrar) <u>June 2, 1947</u>		20. DATE OF DEATH <u>May 30, 1947</u> at <u>2:00 P</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>May 1, 1947</u> to <u>May 30, 1947</u> and that I last saw him alive on <u>May 30, 1947</u> Immediate cause of death..... <u>Exfoliative dermatitis</u> (For fatal diseases, give complete name) Due to..... Due to..... Other conditions..... <u>Acute Bronchitis</u> (Include pregnancy within 8 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.					
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work?							
23. SIGNATURE <u>C. I. Somers</u> Address..... <u>Crisfield, Md.</u> Date signed..... <u>5-31-47</u> M. D. or other							

Registrar

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JUN 4 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04354 262

1. PLACE OF DEATH:

County Somerset
 City or town New Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all day
 Hospital, institution, or street address where death occurred:
Pocomoke City and Rt 1
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Somerset
 City or town New Pocomoke City and
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry Waters

3. (b) Social Security Number

4. Sex Male 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Bessie Waters
 7. Birth date of deceased (mo., day, yr.) Feb 6th 1906 6.(c) If alive, give age 46 years
 8. AGE: Years 41 Months 4 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Somerset Co.
 (Town, county, and state)
 10. Usual occupation New Pocomoke City md
 11. Industry or business farm laborer
 12. Name John Waters
 13. Birthplace Somerset Co.
 14. Maiden name Christina Spence
 15. Birthplace Somerset Co.

16. Informant John Waters - father
 Address Pocomoke City and Rt 1
 17. (Burial, cremation, or removal. Which?) Burial Date thereof 3/23/47
 (month) (day) (year)
 Cemetery or crematory Christ M. E. Church
 Location Kingtown, Somerset Co. md
 18. Funeral director Bradshaw Funeral Home
 Address 401 Market St. Pocomoke City

19. May 24 1947 Mrs Clayton W. W.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23rd 1947 at 4:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death Epilepsy
(No Dr. in attendance)
Party has history of
Epilepsy for 20 yrs.
 Due to _____
 Due to _____

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)
 Major findings at operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Christina W. W. M. D. or other
 Address Pocomoke City Date signed 3/23/47

17540

RECEIVED

MAY 27 1947

BUREAU V S